

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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HPSMA

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

03 JAN 17 AM 1:30

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
HARDIE	Lydia	D.	2820488
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
5090 Likini St. #1601	Honolulu	HI	96818
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)	TELEPHONE		
Hawaii Psychiatric Medical Association	839-3070		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania St. 2nd Floor	Hono	HI	96814

PART II ORGANIZATION

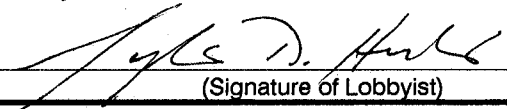
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Hawaii Psychiatric Medical Assoc.	839-3070		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania St. 2nd Floor	Hono.		96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Lydia Hardie	839-3070		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
5090 Likini St. #1601	Hono	HI	96818

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

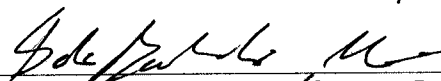
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 (Signature of Lobbyist)	1-12-03 (Date)
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PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Gale Beardsley, M.D. Treasurer, Gov't Rel. Rep.	HPSMA		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Hawaii Psychiatric Medical Association	839-3070		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania St., 2nd Floor	Hono	HI	96814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		1-14-03 (Date)	